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THE USE OF QUINIDIN IN CARDIAC ARRHYTHMIAS

The past two decades have witnessed decided advances in our knowledge of cardiac action, both physiological and pathological. The criticism has been offered, however, that a corresponding increase in therapeutic management of heart disease has not been made. Recent reports of the control of certain cardiac arrhythmias, more particularly auricular fibrillation, indicate that this side of the subject has not been neglected.

Wenchebach, in 1914, seems to have been the first to suggest a possible control of fibrillation by quinine. Frey, in 1918, reported a study of the action of various cinchona derivatives on auricular fibrillation and found that the most effective of these was quinidin, which is a dextrorotatory stereo-isomer of quinine.

Subsequent reports have tended to confirm Frey's conclusions. Records of well over a hundred cases of auricular fibrillation treated with quinidin are now available, and of these over 50 per cent have resumed a normal sinus rhythm. The duration of regularity varies; there seems to be a distinct tendency to return to fibrillation. The most susceptible cases are those of recent origin, such as the types developing after an operation of an acute infection like pneumonia. The longer the fibrillation has lasted the more refractive it is. The fibrillation associated with hyperthyroidism seems especially unresponsive. In the presence of decompensation only half as many cases become regular as among those compensated. Frey recommends preliminary improvement of the circulation by means of rest and digitalis.

Recommendations of dosage vary among the different observers. Some advise 0.2 gm. five times a day; others give 0.4 gm. three times a day, and a few give even larger doses. Resumption of the normal rhythm is apt to come on the second or third day after starting treatment, though it has taken as much as 15. gms. to attain success. Toxic symptoms are quite similar to those of quinine; nausea, vomiting, headache, ringing in the ears, or even some disturbance of vision. In two cases alarming symptoms of temporary suspension of respiration and collapse were noted; however, there seems little danger when less than 3 gms. per day are given.

Pharmacologically, the action of quinidin seems to be wholly on the heart muscle. There is a decrease in the rate and amplitude of contraction.

The chief effect seems to be in a progressive reduction of irritability, as shown by the fact that larger induction currents are necessary to incite extra systoles, and in a heart well under the influence of quinidin, fibrillation cannot be induced in this way.

While the effect of quinidin on auricular fibrillation has excited most interest, the drug is often very useful in abolishing extra systoles and for its general quieting effect in irritable hearts. It would seem that a decided addition has been made to our therapeutic management of cardiac diseases.

ON ADVERTISING IN LAY PUBLICATIONS

A considerable number of our members from different parts of the State have been writing to the secretary's office, enclosing clippings from newspapers of public advertising by individual physicians. Some of these advertisements are more or less extensive and read like an advertisement for a new patent medicine. There seems to be in the minds of some of our members a question as to whether or not such procedure is or is not ethical. The answer is very clear and not susceptible to misinterpretation. Chapter II, Sec. 4 of the Principles of Medical Ethics covers the situation:

SEC. 4.—Solicitation of patients by circulars or advertisements, or by personal communications or interviews, not warranted by personal relations, is unprofessional. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and lower the tone of any profession and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience, is not *per se* improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.